

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **2915**  
Registrar's No. **1405**

Registration District No. **405**

Primary Registration District No. **4239**

1. PLACE OF DEATH:

(a) County **Jasper**  
(b) City or town **Alba**  
(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **55 years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **JOHN H PATTERSON**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Minnie Patterson** 6. (c) Age of husband or wife if alive years **9**  
7. Birth date of deceased **January 9 1860**  
(Month) (Day) (Year)

8. AGE: Years **80** Months **11** Days **29** If less than one day hr. min.

9. Birthplace **Delft Indiana**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Engineer**

11. Industry or business

12. Name **Unknown**  
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Minnie Patterson**  
(b) Address **Alba, Mo.**

17. (a) **Burial** (b) Date thereof **Jan. 18, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Burial, Cemetery**

18. (a) Signature of funeral director **Kneel Mortuary**  
(b) Address **Barthage, Missouri**

19. (a) **Jan. 19, 1941** (b) **Effie Green**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**  
(c) City or town **Alba**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **0**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **18** year **1941** hour **4** minute **9** M.

21. I hereby certify that I attended the deceased from **Jan 18, 1941** to **Jan 18, 1941**  
that I last saw him alive on **Jan 16, 1941**  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Heart Attack**

Due to **1/18**  
Due to **1/18**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **h**  
Of autopsy **h**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

**367** (Specify type of place) While at work? (e) Means of injury

23. Signature **W. H. Green** (M. D. or other) **h**  
Address **W. H. Green** Date signed **1-19-41**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*John D. Batchelder*

Licensed Embalmer No. *4152*

P. O. Address *Carthage, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**